

# FOR PATENT FEE REFUND

2 Serial/Patent # 10/043,896

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		10-13-04	\$ 490
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 490

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 19--0079

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

EOT outside six-months statutory period.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Retta Williams

TITLE: Paralegal

SIGNATURE: Retta Williams

PHONE: 272-3229

OFFICE: Petitions

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY \*\*\*\*\*

APPROVED: Alicia Kille

DATE: 2/22/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B